

HHW Program Survey for Fiscal Year 2003/2004

Public Agency: _____ County: _____
Agency Contact Person: _____
(First Name) (Last Name)
Phone Number: _____ E-Mail: _____

QUANTITY OF HHW COLLECTED IN FY 03/04 (as reported on your Form 303)

Grand Total for All HHW: _____ Total In Pounds
Latex Paint: _____ Oil-base paint: _____
Electronic Waste: _____

1. What is the total population of your HHW program service area? _____

HHW PROGRAM COSTS IN FY 03/04

	Latex Paint	Oil-base paint	Electronic Waste
Salary and Benefits (include indirect costs)	\$ -	\$ -	\$ -
Public Education/Outreach	\$ -	\$ -	\$ -
Other Costs (please explain)	\$ -	\$ -	\$ -
Total HHW Program Costs (includes the above and all other HHW program costs)	\$ -	\$ -	\$ -

LATEX PAINT MANAGEMENT

1. What does your program do with the latex paint collected? Indicate by selecting from the following:
___ 1. Bulk and offered for reuse. ___ 4. Loose packed and sent for processing into cement.
___ 2. Bulk and sent for processing into cement. ___ 5. Loose packed and sent to a paint recycler.
___ 3. Bulk and sent to a paint recycler. ___ 6. Other _____

2. What happens to the paint after it is reprocessed?

___ 1. HHW program donates for reuse. ___ 5. Recycler mixes with virgin paint and sells as standard paint.
___ 2. HHW program sells for reuse. ___ 6. Recycler donates for reuse.
___ 3. Recycler sells as recycled paint. ___ 7. Other (explain) _____
___ 4. Recycler processes collected paint into products other than paint and cement.

ELECTRONIC WASTE MANAGEMENT

1. Is your HHW program the lead agency in charge of electronics collection in your city or county? ___ Yes ___ No ___
2. If yes, do you anticipate continuing to be the lead agency for this waste stream after 2006? _____

NON-CERTIFIED USED OIL COLLECTION CENTERS

1. For FY 03/04 has your HHW program received used oil contaminated with polychlorinated biphenyl (PCB) or halogenated wastes?

Yes: ___ (If yes, please complete questions 2 and 3); No: ___;

2. Indicate the type of non-certified center that received the contaminated used oil:

___ Recycle only (ABOP) ___ Auto Parts Store ___ Agricultural
___ Marina ___ Airport ___ Other (explain) _____

3. Enter the volume of contaminated used oil and disposal costs for each occurrence:

PCB contaminated oil: _____

Halogen contaminated oil: _____

Thank you for your cooperation. Please return the survey with Form 303 to:

Department of Toxic Substances Control
Regulatory Program Development Branch
Hazardous Waste Unit, 11th floor
P.O. Box 806
Sacramento, CA 95812-0806
Attn: Mary Misemer